PATIENT-PROVIDER COMMUNICATION IN THE SETTING OF ADVANCED CANCER: EXPERIENCE AND VIEWS FROM RWANDA

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BACKGROUND

Caring for patients with advanced cancer involves complex patient-provider communication (PPC), including:

- Disclosure of diagnosis
- Discussion of prognosis
- Decision-making about treatment
- Delivery of bad news
- Transitions in goals of care.

Values and norms that influence PPC differ across diverse cultural and socioeconomic contexts.

PURPOSE

- To characterize PPC experiences and preferences among oncology patients (PT) and providers (PRV) at Butaro Cancer Center of Excellence in Rwanda;
- To understand facilitators and barriers to high quality PPC, and collect suggestions for improvement.

METHODS

- We conducted semi-structured interviews with a purposive sample of oncology providers and adult patients with advanced cancer.
- Interviews were recorded, transcribed, translated to English, coded using MAXQDA software, and analyzed using framework thematic analysis.

Participant Characteristics (N=22)	N	%
PROVIDERS (PRV, N=11)		
Gender		
Female	5	45%
Male	6	55%
Position		
Oncology Physician	5	45%
Oncology Nurse	4	36%
Clinical Psychologist	1	9%
Social Worker	1	9%
Previous Communication Skills Training?		
Yes	1	9%
No	10	91%
Working Experience		
5 years or less	7	64%
Greater than 5 years	4	36%
PATIENTS (PT, N=11)		
Gender		
Female	5	45%
Male	6	55%
Cancer Type		
Breast Cancer	6	55%
Kaposi Sarcoma	5	45%

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RESULTS

EXPERIENCE OF PPC

- PPC works well but there is room for improvement
- PPC is especially challenging in transition from curative to palliative intent of treatment

"On diagnosis, there is some knowledge that is not communicated sufficiently …there are some gaps for a patient to get all needed information on his disease" -PRV

"Announcing the palliative care, telling patients that no other treatment option is available, that she/he is going to wait the death, it is very difficult! … Most doctors are scared to tell this to patients; people tend to transfer this task among themselves" –PRV

"Patients really wish to talk to providers; but providers don't have enough time for that…sometimes you forget what you wanted to ask because of rushing…" -PT

"When a doctor is not comfortable, a multidisciplinary team composed of a doctor, social worker, nurse, and psychologist approach the patient and most of the time it goes smoothly" -PRV

"There are other places where you cannot talk to the doctor, but here you talk with the doctor and he tells you what to do... this removes anxiety" -PT

"To announce bad news is not easy and requires special technique to do it" -PRV

FACILITATORS OF QUALITY PPC

- Multidisciplinary commitment
- Providers' communication skills
- Patient trust in providers
- Patients' strong resilience to stressful clinical status

BARRIERS TO QUALITY PPC

- Insufficient time and staffing
- Patient-provider power imbalance
- Provider communication styles
- Unfavorable physical environment

"All of those patients have anxiety, need my active listening, need to communicate with me, so I have shortage of time" -PRV

"We don't have private rooms; sometimes you abstain to communicate some information in public because it is an open space" –PRV

"Sometimes [men] look down on you and don't allow you to talk to them" PT

"Some providers look tough for a patient to feel free [with] him, or when you ask him a service; you see him insulting you or frightening you…"-PT

"If I have to tell you that you have incurable cancer, there is a way this should be communicated… it requires a big team, a dedicated space to support his emotions, and linking to others who can help"-PRV

"Service can be good only if there is enough staffing. …The hospital has great responsibility in communication" –PRV

"Providers should not look tough for patients… They should be humble for patients to feel free to talk to them"-PT

SUGGESTIONS FOR IMPROVEMENT

- Communication skills training
- Patient and family education
- Increase staffing, motivation, time
- Improvement of infrastructure
- standardizing approaches to harmonize PPC.

CONCLUSIONS

PPC at Butaro works well though there is room for improvement. Strengths of PPC include routine explanation of diagnosis, treatment plan, and potential side effects. PPC focuses on symptoms and treatment plan discussion, but is limited in truth telling about prognosis, especially when goals of care transition from curative to palliative. Understanding how context influences patients' and providers' communication preferences can inform strategies to improve PPC and ensure patient-centered care in Rwanda and similar settings.

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